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## \*\* CONTINUING DATA \*\*\*\*\*

none Ln 11/9/04

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none Ln 11/9/04

## IF REQUIRED, FOREIGN FILING LICENSE

GRANTED \*\* 02/26/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		
Verified and Acknowledged	<i>Sanjayan Ln</i> Examiner's Signature		
Allowance	Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
MD	11	25	5

## ADDRESS

23517

## TITLE

System and method for facilitating the care of an individual and dissemination of information

FILING FEE RECEIVED 960	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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